

STATE OF MAINE
LIABILITY CLAIM REPORT

Please read all instructions before completing this form to ensure the accuracy of the information provided.
SECTION 1. REPORT OF CLAIM

INSURED'S NAME AND ADDRESS	CLASSIFICATION OF RISK (ISO OR INSURER CODE NUMBER)	CLASS DESCRIPTION OR SPECIALTY
	CLAIM NUMBER	POLICY NUMBER
DESCRIPTION OF OCCURRENCE	DATE OF OCCURRENCE	DATE CLAIM ASSERTED
	PLACE OF OCCURRENCE	AMOUNT CLAIMED

MAIL TO:

Department of Professional and Financial Regulation Bureau of Insurance Property and Casualty Division 34 State House Station Augusta, ME 04333-0034
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NAME AND ADDRESS OF INSURANCE COMPANY:

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REPORTED BY (PLEASE PRINT): _____ DATE OF SEC. 1 REPORT: _____
CONTACT PERSON, TITLE
TELEPHONE NUMBER: _____ EXTENSION: _____

NOTE: Section 1 should be completed and filed when the insurer receives information that an insured's liability for malpractice is asserted from either an insured, a patient of an insured, or an attorney. This report should NOT be submitted when no claim is officially asserted or when the insurer is only notified of an incident which may give rise to a claim.

SECTION 2. REPORT OF DISPOSITION

DATE SUIT FILED		DOCKET NUMBER		PANEL DECISION DATE	
REVIEWED BY PRELITIGATION SCREENING PANEL (CIRCLE ONE) YES NO IF NO, WHY? _____ (PLEASE SEE INSTRUCTIONS FOR REASON CODE NUMBERS)		OUTCOME OF PRELITIGATION SCREENING PANEL Respondent Finding of Negligence: Number Yes _____ Number No _____ Respondent Finding of Causation of Injury: Number Yes _____ Number No _____ If Case was Dismissed by Panel Chair, Please Check Here _____			
CODEFENDANT #1		CLAIM NUMBER #1		CODEFENDANT #2	
				CLAIM NUMBER #2	
DATE OF SETTLEMENT, JUDGMENT, AWARD, OR CLOSING OF FILE				REASON FOR DISPOSITION (CIRCLE ONE) 1. Settlement 2. Dismissal 3. Judgment for Defendant 4. Withdrawal / Abandonment 5. Judgment for Plaintiff 6. Other _____	
AMOUNT OF AWARD OR SETTLEMENT					
ALLOCATED CLAIMS EXPENSE					

REPORTED BY (PLEASE PRINT): _____ DATE OF SEC. 2 REPORT: _____
CONTACT PERSON, TITLE
TELEPHONE NUMBER: _____ EXTENSION: _____

NOTE: This section should be completed and filed within 60 days of the final disposition. A disposition is final when it results from judgment, dismissal, withdrawal, or abandonment.